

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5659U9

FILING DATE

8 23 06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5						
6						
7						
8						
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10						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			0			
52			0			
53			0			
54			0			
55			0			
56			0			
57			0			
58			0			
59			0			
60			0			
61			0			
62			0			
63			0			
64			0			
65			0			
66			0			
67			0			
68			0			
69			0			
70			0			
71			0			
72			0			
73			0			
74			0			
75			0			
76			0			
77			0			
78			0			
79			0			
80			0			
81			0			
82			0			
83			0			
84			0			
85			0			
86			0			
87			0			
88			0			
89			0			
90			0			
91			0			
92			0			
93			0			
94			0			
95			0			
96			0			
97			0			
98			0			
99			0			
100			0			
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	90	←	←	←	←	←
TOTAL CLAIMS	92					